

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)
)
 Wang, et al.) Art Unit: **3709**
)
 Application No. **10/791,140**) Examiner: **Luong, Peter**
)
 Filing Date: **March 2, 2004**) Confirmation No. **3175**
)
 For: **SYSTEMS AND METHODS FOR**)
 BIOLUMINESCENT COMPUTED)
 TOMOGRAPHIC RECONSTRUCTION)

TRANSMITTAL LETTER

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.
Customer Number 23859

Sir:

Transmittal herewith is/are the following in the above-identified application:

<input checked="" type="checkbox"/>	Response to Office Action	<input checked="" type="checkbox"/>	Petition to For Extension of Time
<input checked="" type="checkbox"/>	Fee as calculated below	<input type="checkbox"/>	Supplemental Declaration
<input type="checkbox"/>	No Additional Fee Required	<input type="checkbox"/>	Terminal Disclaimer
<input type="checkbox"/>	Corrected Drawings	<input type="checkbox"/>	Other _____

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE		ADDITIONAL FEE
Total Claims	30	90	0	X \$50.00		\$
Independent Claims	2	4	0	X \$210.00		\$
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim				+ \$370.00		\$
EXTENSION FEE	1 st Month \$120 <input type="checkbox"/>	2 nd Month \$460 <input checked="" type="checkbox"/>	3 rd Month \$1050 <input type="checkbox"/>	4 th Month \$1640 <input type="checkbox"/>	5 th Month \$2230 <input type="checkbox"/>	\$460.00
<input checked="" type="checkbox"/> Reduction by 1/2 for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -						- \$230.00
TOTAL FEE DUE						\$230.00

ATTORNEY DOCKET NO. 21087.0026U2
APPLICATION NO. 10/791,140

Payment:

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Payment by credit card in the amount of \$_____ for the fees designated above is submitted via enclosed Form PTO-2038.
- ☒ Payment by credit card in the amount of \$230.00 for the fees designated above is submitted via EFS-Web.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$_____ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

NEEDLE & ROSENBERG, P.C.

/Charley F. Brown #52,658/
Charley F. Brown
Registration No. 52,658

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